

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 591,76

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	3		1			
6	0		1			
7	1		1			
8	1		1			
9	2		1			
10	2		1			
11	0		1			
12	0		1			
13	1		1			
14	1		1			
15			1			
16			1			
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	16	←	13	←		←
TOTAL CLAIMS	20	[REDACTED]	17	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.				↓		↓
TOTAL CLAIMS			←		←	←